efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93492319067857 Short Form OMB No 1545-1150 Form 990-EZ Return of Organization Exempt From Income Tax 2016 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. Department of the Treasury Open to Public ► Information about Form 990-EZ and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection A For the 2016 calendar year, or tax year beginning 01-01-2016 and ending 12-31-2016 B Check if applicable D Employer identification number C Name of organization \square Address change Apex Belltown Co-op 91-1241296 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2225 First Avenue ☐ Final return/terminated (206) 956-0275 City or town, state or province, country, and ZIP or foreign postal code □ Amended return Seattle, WA 98121 F Group Exemption ☐ Application pending Number Check ▶ ☑ If the organization is **not** ☐ Cash ☐ Accrual Other (specify) ▶ G Accounting Method required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: ▶www apexcoop org **J Tax-exempt status**(check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀(insert no) ☐ 4947(a)(1) or ☐ 527 ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 0 2 2 Program service revenue including government fees and contracts 2,433 3 Membership dues and assessments 3 126,151 4 4 245 5a Gross amount from sale of assets other than inventory b 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) 6a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the 0 sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d7a Gross sales of inventory, less returns and allowances . . . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . **7**c C 8 8 Other revenue (describe in Schedule O) **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 128.829 10 10 Grants and similar amounts paid (list in Schedule O) 11 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits . 12 13 6,556 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance . . . 14 83,984 15 15 1,995 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 16 58,649 17 Total expenses. Add lines 10 through 16 17 151,184 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -22,355 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 234,590 end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (explain in Schedule O) 20 10,467 Net assets or fund balances at end of year Combine lines 18 through 20 21 222,702 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2016) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		juestion in this Part	п	<u>.</u> .	🗵
			(A) Beginning of year		(B) End of year
22 Cash, sa	avings, and investments			171,209	22	118,573
23 Land an	d buildings			89,656	23	113,870
24 Other as	ssets (describe in Schedule O)			85,541	24	82,649
	ssets			346,406	-	315,092
26 Total liabilities (describe in Schedule O)			26	92,390		
27 Net ass	sets or fund balances (line 27 of column			234,590	27	222,702
Part III	Statement of Program Service A Check if the organization used Schedule				(Re	Expenses equired for section 501(c)
What is the	organization's primary exempt purpose?	o to respond to any c	question in this rait		(3) (3)	and 501(c)(4)
	affordable housing, especially to local inco				_	ganizations, optional for ners)
	e organization's program service accompli y expenses In a clear and concise manne					,
benefited, a	nd other relevant information for each pro					
28 See Additioi	nal Data Table					
See Addition	Tai Data Table					
(Grants \$)	If this amoun	it includes foreign gran	its check here	▶ □	28a	
29	Ir tins amoun	it includes foreign gran	its, check here	, _	29a	
(Grants \$)	If this amoun	it includes foreign gran	its check here	▶ □		
	II tills amoun	- Includes foreign gran	its, check here	, .		
30					30a	
(C	*6.1			. □		
(Grants \$)		it includes foreign gran		▶ ⊔		
	ogram services (describe in Schedule O)					
(Grants \$)		it includes foreign gran	<u> </u>	<u> ▶ ⊔</u>	31a	
	rogram service expenses (add lines 28a			<u> </u>	32	· ·
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule					
		1	1	1	_	1
	(a) Name and title	(b) Average hours per week	(c) Reportable compensation			(e) Estimated amoun ee of other compensation
		devoted to position	(Forms W-2/109			ee of other compensation
		,	MISC) (if not pa	id, deferred comper	satior	n
MATT ISAAG	^	1 00	enter -0-)	0		
MALI ISAA	-			٥		
President						
GREGORY D	DIGIACOMO	1 00		0		
Treasurer						
AUDREY CA	RISON	1 00		0		
NODINE! ON	1123011					
Secretary						
ON HIESFE	ELTER	1 00		0		
Board mem	ber					
LEAH GOLD		1 00		0		
Vice Preside	ent					
ELIZABETH		1 00		0		
Board mem		1.00				
AARON LON		1 00		0		
Board mem	ber					
BRIAN KEIT	H	1 00		0		
Board mem	ber					
BRON HEIN		1 00		0		
Board mem	per					

Pa	Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the							
	ınstructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V							
			Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No				
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)			No				
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		No				
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b						
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e)	35c	Yes					
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	163	No				
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	30		110				
Ь	Did the organization file Form 1120-POL for this year?	37b		No				
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were							
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No				
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b							
39	Section 501(c)(7) organizations Enter	1						
а	Initiation fees and capital contributions included on line 9 39a							
b	Gross receipts, included on line 9, for public use of club facilities 39b	1						
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1						
	section 4911 ▶, section 4912 ▶, section 4955 ▶							
b	Section $501(c)(3)$, $501(c)(4)$, and $501(c)(29)$ organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40ь		No				
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958							
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization							
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	40e		No				
41	transaction? If "Yes," complete Form 8886-T							
	The organization's books are in care of ▶ GREGORY DIGIACOMO Telephone no ▶	(206) 9	56-0275	 5				
	Located at ▶ 2225 First Avenue Suite 207-A Seattle, WA ZIP + 4 ▶	9812	21					
h	At any time during the calendar year, did the organization have an interest in or a cignature or other authority over a	ı	Yes					
D	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			No No				
	If "Yes," enter the name of the foreign country							
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
С	At any time during the calendar year, did the organization maintain an office outside the U S ?			No				
	If "Yes," enter the name of the foreign country							
	3 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here							
	and enter the amount of tax-exempt interest received or accrued during the tax year • 43							
		\square	Yes	No				
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			No				
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No				
C	Did the organization receive any payments for indoor tanning services during the year?	44c		No				
d	d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an							
45a	explanation in Schedule O			No				
	45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning							
	of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		No				

orm 990-E	Z (2016)							Page
							Yes	No
	ne organization engage, directly or indired dates for public office? If "Yes," complete					46		
art VI	Section 501(c)(3) organization	s only				40		
	All section 501(c)(3) organizations	must answer questi	ons 47-49b and 5	2, and com	plete the tab	les for li	nes 50	and 5
	Check if the organization used Schedul	e O to respond to any q	uestion in this Part V	v1			Yes	⊔ No
1 7 D.J.L			24 (la) al a abra a con a 66a		. 4			
	ne organization engage in lobbying activit is," complete Schedule C, Part II		or(n) election in erre	-	•	47		
8 Is the	e organization a school as described in se	ction 170(b)(1)(A)(ii)?	If "Yes," complete S	chedule E		48		
9a Did th	ne organization make any transfers to an	exempt non-charitable	related organization	۱۶ .		49a		
b If "Ye	s," was the related organization a section	n 527 organization? .				49b		
	plete this table for the organization's five					s and key	employ	ees)
	each received more than \$100,000 of con Name and title of each employee	npensation from the org	ganization If there is (c) Reportable		"None " ealth benefits,	(e) Es	stimated	amour
(-)		hours per week devoted to position	compensation (Forms W-2/1099	contribut	ions to employ fit plans, and	, , ,		
		<u> </u>	MISC)	deferre	d compensation	n		
f Tota	al number of other employees paid over \$	100,000			•			
	plete this table for the organization's five		dependent contracto	ors who each	received more	than \$10	0,000 o	f
comp	ensation from the organization If there i			(b) Type	-f	(c) Comp		
	(a) Name and Dusmess address of C	sacri independent contra	3001	(b) Type	or service	(C) Comp	ensation	<u> </u>
								_
d Tota	al number of other independent contracto	rs each receiving over :	\$100,000		•			
i2 Did	the organization complete Schedule A?	NOTE. All Section 501(c)(3) organizations r	nust attach a				
con	mpleted Schedule A		· · · · · · · · · · · · · · · · · · ·			► □ Ye	es 🗆 M	No
nowledge a	lties of perjury, I declare that I have examend belief, it is true, correct, and complet							
as any kno	owledge							
	****** 2016-11-10 Signature of officer Date							
ign ere	REGORY DIGIACOMO TREASURER							
	Type or print name and title							
i	Print/Type preparer's name CARMELLE MARESCOT	Preparer's signature	Da 20	17-11-14 Che	eck 🗹 if	V		
eaid			Firm's name ► George Stewart CPA self-employe					
	Firm's name				n's EIN ▶			
repare	•	puth		Firr	n's EIN ▶ one no (206) 328	3-8554		
repare		outh		Firr		3-8554		
aid repare Ise Onl	y Firm's address ► 316 - 17th Avenue So	buth		Firr		3-8554		

Additional Data

(Grants \$)

Software ID: Software Version:

EIN: 91-1241296

Name: Apex Belltown Co-op

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses quired for section 501)(3) and 501(c)(4) ganizations; optional for others.)
28 THE CO-OP PROVIDES 21 APARTMENTS FOR OCCUPANCY	28a	141,497

If this amount includes foreign grants, check here \cdot . \cdot \blacktriangleright \Box

efile GRAPHIC print - DO NOT PROCESS As Filed Data -

SCHEDULE C (Form 990 or 990-

Department of the Treasury

EZ)

5

Political Campaign and Lobbying Activities

www.irs.gov/form990.

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ▶Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

OMB No 1545-0047

DLN: 93492319067857

Open to Public Inspection

Internal Revenue Service If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then • Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C • Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B Section 527 organizations Complete Part I-A only

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then • Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B • Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)). Complete Part II-B Do not complete Part II-A If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then • Section 501(c)(4), (5), or (6) organizations Complete Part III Name of the organization **Employer identification number** Apex Belltown Co-op 91-1241296 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Part I-A Provide a description of the organization's direct and indirect political campaign activities in Part IV Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). mount of any excise tax incurred by the organization under costion 40EE

T	Enter the amount of any excise tax incurred by the organization under section 4955	-	\$ _		
2	Enter the amount of any excise tax incurred by organization managers under section 4955	>	\$_		
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?			☐ Yes	□ No
4a	Was a correction made?			☐ Yes	□ No
b	If "Yes," describe in Part IV				
Par	t I-C Complete if the organization is exempt under section 501(c), except section	5 01 (c)(3).		
1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	>	\$_		

Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b 4

Did the filing organization fileForm 1120-POL for this year?

Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount

of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated

fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name (b) Address (c) EIN (d) Amount paid from (e) Amount of political filing organization's contributions received funds If none, enter and promptly and -0directly delivered to a separate political organization If none, enter -0-

3 5

Schedule C (Form 990 or 990-EZ) 2016

Total lobbying expenditures

Grassroots ceiling amount (150% of line 2d, column (e))

Grassroots nontaxable amount

Grassroots lobbying expenditures

activity

Volunteers?

Media advertisements?

Return Reference

1

b

(b)

Amount

(a)

Yes

No

Schedule C (Form 990 or 990EZ) 2016

Mailings to members, legislators, or the public? Publications, or published or broadcast statements? Grants to other organizations for lobbying purposes? Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities? Total Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912 If "Yes," enter the amount of any tax incurred by organization managers under section 4912 If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c) (6). Yes No Were substantially all (90% or more) dues received nondeductible by members? 1 Yes 1 2 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? Yes Did the organization agree to carry over lobbying and political expenditures from the prior year? No Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6)Part III-B and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). 2a Current year 2b Carryover from last year c Total 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 4 5 Taxable amount of lobbying and political expenditures (see instructions) Part IV Supplemental Information Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see

Explanation

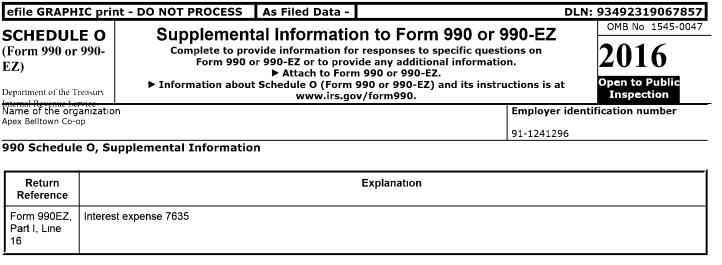
For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying

Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?

instructions), and Part II-B, line 1 Also, complete this part for any additional information

During the year, did the filing organization attempt to influence foreign, national, state or local legislation,

including any attempt to influence public opinion on a legislative matter or referendum, through the use of



990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Insurance 6093 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Bank charges 65 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Licenses/permits 824 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Supplies 20334 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Depreciation 19985 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Conferences, conventions, meetings 1071 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Bad Debt Expense 2642 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Common Stock 0 Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, Additional paid in capital-net share price changes -409
Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Retained Earnings 10876

Part I, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Member receivable 13890 12116 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Prepaid expenses 4864 4864 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, Restricted investment 59523 59523 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Deferred loan cost, net 7264 6146 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990EZ, Accounts payable 400 401 Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, Part II, Line

990 Schedule O, Supplemental Information Return Explanation Reference

Form 990EZ, Long term debt less current portion 91156 69990
Part II, Line